



**FOSTER YOUTH SERVICES COUNTYWIDE PROGRAMS
YEAR-END REPORT FOR THE PERIOD OF
JULY 1, 2005 – JUNE 30, 2006**

Name of County:

Name of Foster Youth Services Program Coordinator:

Year of Initial Foster Youth Services Countywide Grant Award:

The Countywide Foster Youth Services (FYS) Program Grant specifies that grantees are to submit a report to the State Superintendent of Public Instruction (SSPI) at the end of each school year that addresses the coordination and delivery of services, collaboration between partners, and quantitative data on program activities and services. *Education Code (EC)* Section 42923 requires the SSPI to submit a report to the Legislature and the Governor on the effectiveness of services provided to foster youths through the FYS programs. To comply with these requirements, all FYS Countywide Programs are asked to complete and return this year-end report by August 31, 2006, to:

Karen Dotson, Consultant
Counseling, Student Support and Service-Learning Office
California Department of Education
1430 N Street, Suite 6408
Sacramento, CA 95814-5901

PART I: OUTCOME DATA

1. How many foster youth (FY) in group home placement were served by your FYS Program in 2005-06? This number will be the basis for the data provided below.
2. If your FYS Program also serves foster youth residing in placement types other than group homes, please specify the number of these foster youth below.
3. Provide the following information for each of the four FYS Program outcomes. All boxes should be completed. Use the "Further comments . . ." section to explain anything unique about your FYS Program relative to the requested data.

PART I: OUTCOME DATA (Continued)**a. Outcome: Timely and Appropriate School Placement of Foster Youth**

| Number of FY Records Transferred to Other Schools | Average Number of Days for Transfer of Records | Average Number of Days Between Entering Placement & Enrolling In School | Number of FY Receiving FYS Support for Appropriate Placement |
|---|--|---|--|
| | | | |

- Specify the type and number of FYS support services provided to ensure appropriate school placement:

| | | | | | |
|---------------------------|--|---------------------------|--|----------------------------------|--|
| Special Education Support | | Emergency Placement | | Analysis of Prior School Records | |
| Section 504 Accommodation | | Grade Level Determination | | Other | |

Describe other:

- Further comments relevant to your FYS Program.

b. Outcome: Foster Youth will Advocate for Their Own Needs

| Number of FY Receiving Self-Advocacy Materials or Training | Number of FY Participating in Leadership/Youth Development Activities |
|--|---|
| | |

- Specify the type of self-advocacy materials or training.
- Specify the type of leadership or youth development activities.
- Further comments relevant to your FYS Program.

c. Outcome: Foster Youth Will Complete Their Educational Programs

| Number of FY Receiving Academic Support Services | Number of FY Advancing to the Next Grade Level in 2005/06 | Number of 9-12 th Grade FY Served by FYS Program | Number of 9-12 th Grade FY Passing the Entire CAHSEE | Number of FY Completing High School Program ¹ |
|--|---|---|---|--|
| | | | | |

¹ For this purpose, completion of the high school program means attaining a high school diploma, certificate of completion, or GED, or passage of the California High School Proficiency Exam. Please specify below.

PART I: OUTCOME DATA (Continued)

- For the FY identified above as completing their high school program, specify the number and method of completion:

| | | | |
|---------------------|--|---------------------------------|--|
| High School Diploma | | Certificate of Completion | |
| GED | | CA High School Proficiency Exam | |

- Further comments relevant to your FYS Program.

d. Outcome: Successful Transition to Independent Living or Higher Education

| Number of FY Receiving FYS Independent Living Related Services | Number of FY Referred for Independent Living Related Activities | Number of FY with an Education Transition Plan | Number of FY Receiving Post-Secondary Educational Support Services |
|--|---|--|--|
| | | | |

- Specify the independent living services provided by your FYS Program.
- Identify the collaborative partner(s) that provide independent living related activities for foster youth referred by your FYS Program.
- Specify the type of post-secondary educational support services provided by your FYS Program.
- Further comments relevant to your FYS Program.

4. Identify additional services provided by your FYS Program.

| SERVICES PROVIDED | NUMBER OF FY RECEIVING SERVICES FROM FYS | NUMBER OF FY REFERRED OUT FOR SERVICES | ADDITIONAL DESCRIPTION (USE ADDITIONAL SHEET IF NECESSARY) |
|--|---|---|--|
| Academic Counseling | | | |
| Academic Tutoring | | | |
| Career/Vocational Planning and/or Support | | | |
| Educational Assessment | | | |
| Link to Community Services | | | |
| Mentoring | | | |
| Multi-Disciplinary Team Case Planning | | | |
| Vocational Assessment | | | |
| Other (please specify) | | | |
| | | | |
| | | | |
| | | | |
| Training for LEAs, group homes (LCIs), and other agencies (record the number of trainings provided and the number of attendees by type) | NUMBER OF TRAININGS LEAs LCIs Other | NUMBER OF ATTENDEES LEAs LCIs Other | |

PART II: PROGRAMMATIC INFORMATION

A. Local Advisory Group/Collaborative Partners

What local advisory group representatives/collaborative partners does your FYS program work with to advise on the direction of program serves and collaborate on providing those services? Please include multidisciplinary team (MDT) and health and education passport (HEP) activities. (Check all that apply.)

| COLLABORATIVE PARTNER | PARTICIPATES IN FYS ADVISORY ACTIVITIES | CO-LOCATED WITH FYS STAFF | INVOLVED IN HEP | PROVIDES STUDENT REFERRALS TO FYS | FYS PARTICIPATES IN MDT CASE PLANNING | PARTY TO MOU WITH FYS |
|---------------------------------------|---|---------------------------|--------------------------|-----------------------------------|---------------------------------------|--------------------------|
| Alcohol and Other Drug Programs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Colleges/Universities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Community-Based Organizations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| County Departments of Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| County Employment Development Offices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| County Probation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| County Public Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| County Social Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Courts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Faith-Based Organizations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Former and Current Foster Youth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foster Youth Advocacy Groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Group Home Providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Independent Living Skills Programs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Private Industry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Schools and District Offices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tribal Organizations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Please List): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| PART II: PROGRAMMATIC INFORMATION (Continued) |
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1. If your FYS Countywide Program is newly funded, did you adopt an existing interagency or multidisciplinary group to serve as the local advisory group for the FYS program, or did you form a new one? Please explain in the space below.
2. Is there anything else you would like to add regarding the local advisory group's role in effective service provision for foster youth?
3. If you use Memorandums of Understanding, Interagency Agreements, Court Orders, or other formal means to document your agreements with collaborating agencies, summarize the agencies involved, type of and purpose of the agreement below. Please attach an electronic copy of the agreement.
4. Provide the following group home information:
 - a. How many total group home beds are in your county?
 - b. How many beds are in the group homes served by your FYS Program?
5. How many foster youth in your county that reside in a group home attend a non-public school?

B. Educational liaisons

1. Do all school districts in your county have a FY educational liaison, as required by Assembly Bill (AB) 490 and *EC* Section 48853.5? Please attach a current list of district liaisons to this report.
☐ Yes
☐ No
2. What efforts have been conducted in the last year to ensure that the district educational liaisons in your county are aware of their responsibilities pursuant to AB 490 and *EC* Section 48853.5?

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| PART II: PROGRAMMATIC INFORMATION (Continued) |
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3. Who is the educational liaison for your county office of education?

Name:

Phone:

Address:

Fax:

E-mail:

4. Further comments relative to your FYS Program.

C. Significant Achievements

Identify significant achievements for your FYS Program in 2005-06.

D. Greatest Challenges and Strategies to Address Them

Identify the greatest challenges for your FYS Program in 2005-06 and strategies to address them. Please limit your response to no more than three.

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|---------------------------------|
| PART III: PROGRAM BUDGET |
|---------------------------------|

| 2005-06 FYS GRANT EXPENDITURE REPORT | | | |
|--|--|----------------------|-----------------------------------|
| Cost Category Services | Explanation of Expenditures | 2005-06 Expenditures | Prior Year Carryover Expenditures |
| 1000 | Certificated Personnel Salaries (List personnel by classification) | \$ | \$ |
| 2000 | Classified Personnel Salaries (List personnel by classification) | \$ | \$ |
| 3000 | Employee Benefits (Specify benefits) | \$ | \$ |
| 4000 | Materials and Supplies | \$ | \$ |
| 5000 | Services and Other Operating Expenses Travel and Conferences Other Services & Operating Expenses | \$ | \$ |
| 6000 | Capital Outlay Equipment (Specify) | \$ | \$ |
| Indirect Costs | Indirect costs may not exceed CDE's approved rate (see http://www.cde.ca.gov/fg/ac/ic/) Total categories 1000 to 6000 X indirect rate % | \$ | \$ |
| Other | Identify other miscellaneous costs here: | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| TOTAL EXPENDITURES: | | \$ | \$ |
| 2005-06 CARRYOVER TO 2006-07 BUDGET | | \$ | |

PART III: PROGRAM BUDGET (Continued)

| 2006-07 FYS GRANT PROJECTED BUDGET | | | |
|---|---|--------------------------------|----------------------------------|
| Cost Category Services | Explanation of Expenditures | Projected 2006-07 Expenditures | Projected Carryover Expenditures |
| 1000 | Certificated Personnel Salaries (List personnel by classification) | \$ | \$ |
| 2000 | Classified Personnel Salaries (List personnel by classification) | \$ | \$ |
| 3000 | Employee Benefits (Specify benefits) | \$ | \$ |
| 4000 | Materials and Supplies | \$ | \$ |
| 5000 | Services and Other Operating Expenses Travel and Conferences Other Services & Operating Expenses | \$ | \$ |
| 6000 | Capital Outlay Equipment (Specify) | \$ | \$ |
| Indirect Costs | Indirect costs may not exceed CDE's approved rate (see http://www.cde.ca.gov/fg/ac/ic/) Total categories 1000 to 6000 X indirect rate % | \$ | \$ |
| Other | Identify other miscellaneous costs here: | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| TOTAL PROJECTED EXPENDITURES: | | \$ | \$ |
| PROJECTED CARRYOVER TO 2007-08 BUDGET: | | \$ | \$ |

PART III: PROGRAM BUDGET (Continued)

Identify contributions made to the FYS program either through direct funding or in-kind service provision.

| Blended Funding Sources | Funding (check box) | In-Kind Service (check box) | Type of In-Kind Service | Amount of Funding |
|--|---------------------------|-----------------------------------|----------------------------|----------------------|
| Title 1 Neglected or Delinquent | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Workforce Investment Act | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Independent Living Skills Program | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Community Colleges Foster Parent Training | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Child Welfare/Social Services | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Probation | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Casey Family Programs | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Other (specify below) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | |

PART IV: PROGRAM RECOMMENDATIONS

In compliance with *EC* Section 42923, please provide the following recommendations:

- Recommendations regarding the continuation of services:
- Recommendations regarding the effectiveness of services:
- Recommendations regarding the broadening of services:

PART V: GOALS FOR 2006-07

Identify at least three FYS program goals and objectives for 2006-07.

- 1.
- 2.
- 3.

PART VI: SIGNATURES

| | | | | |
|--|-------------------|-------------------------|--------------------------|------------------------|
| Name of Person Completing this Report: | Signature: | Date Signed: | Phone Number: | E-mail Address: |
| Name of Person Completing the Budget Section: | Signature: | Date Signed: | Phone Number: | E-mail Address: |
| Name of Superintendent: | Signature: | Date Signed: | Phone Number: | E-mail Address: |